


FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L25074				(0)	
1. Corporation Name J.R.W. INVESTMENTS, INC.					
Principal Place of Business 407 DUFF CT PORT ST. LUCIE FL 34984			Mailing Address 407 DUFF CT PORT ST. LUCIE FL 34984-6201		
2. Principal Place of Business 21 7350 S. U.S #1 Suite, Apt #, etc. 22 City & State 23 Port St. Lucie, FL Zip 24 34952 Country 25 USA		2a. Mailing Address 26 7350 S US #1 Suite, Apt #, etc. 27 City & State 28 Port St. Lucie, FL Zip 29 34952 Country 30 USA			
9. Name and Address of Current Registered Agent FARRELL, RICKEY L. 1595 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952					
11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		P CARABIA, JOSEPHINE 2277 KNOLLWOOD AVENUE POLAND OH		<input type="checkbox"/> DELETE	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST MICCO, WILLIAM 407 DUFF CT PORT ST. LUCIE FL		<input type="checkbox"/> DELETE	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP CARABIA, RONALD 2277 KNOLLWOOD AVE POLAND OH		<input type="checkbox"/> DELETE	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> DELETE	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> DELETE	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> DELETE	
7. TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> DELETE	
8. TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> DELETE	
13.					
1.1 TITLE		1.2 NAME			
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP			
2.1 TITLE		2.2 NAME			
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP			
3.1 TITLE		3.2 NAME			
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP			
4.1 TITLE		4.2 NAME			
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP			
5.1 TITLE		5.2 NAME			
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP			
6.1 TITLE		6.2 NAME			
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)